

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	ma		8/3/01
FORMALITY REVIEW	H.T.	1117	9/5/01
RESPONSE FORMALITY REVIEW	Request	925	10-25-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	8/3/01
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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523  
 10/26/01